

State of Iowa
Department of Human Services
Division of Medical Services
5th Floor - Hoover Building
Des Moines, IA 50319-0114

Fax Cover Sheet

DATE: August 13, 1998

TIME: 1:18 PM

to: Carol Finkle

from: Anita Smith

Number of pages, including cover sheet: 9

Carol,

Here are the responses to the formal and informal questions regarding the state plan amendment submitted to expand Medicaid for children. I am sending hard copy via overnight express as I can't fax the booklet that was referenced in the response to #9 of the informal questions and #6 of the formal questions. I am sending you several copies of this booklet so you can include them with the responses you forward to the Central Office.

Additionally, I have made the changes to the T-19 state plan amendment as per my discussion with Jackie and they are going through the sign off process. As soon as the appropriate signatures are obtained, I will fax the changes to you and follow up with hard copy. Please call me if you have any questions. Thanks.

Medicaid (via Title XXI) State Plan Amendment
Questions from HCFA Regional Office

Section 2.1

1. Can the data on refugees be further expanded to estimate how many are children?

Response: Nationally, arrivals under the age of 5 varied from a high of 18% for Laotians to a low of 0% for Ethiopians. Arrivals of school age children (5 - 17) varied from a high of 62% for Ethiopians to a low of 11% of Cubans. The following chart identifies the percentages of children arriving in the US. by country of origin. There is no Iowa-specific data but we believe these percentages are representative of the refugees entering Iowa.

Country of Origin	Under 5 Years	School Age (5 - 17)
Cuba	3.5%	10.5%
Ethiopia	0.0%	62.4%
Haiti	5.7%	21.1%
Iran	5.9%	26.9%
Iraq	8.1%	13.3%
Laos	17.6%	38.2%
Somalia	11.7%	39.7%
Sudan	14.2%	32.1%
USSR (former)	6.5%	19.0%
Vietnam	3.4%	27.5%
Yugoslavia (former)	7.5%	23.7%
Rwanda	10.1%	40.3%

Section 2.2.1

2. How will the state be coordinating outreach and enrollment with existing programs in the state such as: programs dealing with children with HIV/AIDS and homeless children, DHS programs that deal with the same populations such as Child Care, the Iowa Department of Public Health's primary care organization, the Iowa/Nebraska Primary Care Association, and the Iowa Child Health Specialty Clinics who work with SSI eligible children?

Response: The State has contracted with The Zimmerman Company to conduct outreach activities associated with both Medicaid and the new Healthy And Well Kids in Iowa (HAWK-I)

program which is being implemented January 1, 1999. The Zimmerman Company proposes the following:

- They intend to contact representatives at all relevant programs, agencies, and organizations, including the Department of Public Health, the Iowa/Nebraska Primary Care Association, the Statewide Child Health Specialties Clinics, as well as those that deal with HIV/AIDS and homeless children, child care (Iowa CCR&R), to solicit their advice and consultation and determine how these entities can best participate in outreach.
- Once the preliminary research is done, they will furnish appropriate materials to these entities and request that they be distributed or posted as appropriate. Among these may be posters, brochures, flyers, and fact sheets. The materials will note that these specific populations may be eligible for coverage under the program.
- The mass media campaign (TV, billboards, newspaper insert, etc.) will support all of the information found in the written materials that has been distributed to the targeted groups, including those identified by HCFA in this question.
- Everyone who comes into contact with the targeted population will be invited to participate in a state-wide conference this fall. HCFA will also be invited to participate in this conference.

3. How many children are in the HIPP program?

Response: As of June 30, 1998, a total of 3,574 children were participating in the HIPP program. Of these, 2,948 were Medicaid eligible and 626 were non-eligibles. It is anticipated that with the Medicaid expansion a significant number of the non-eligibles will gain eligibility.

4. How many children are covered by the State High Risk Insurance Pool?

Response: According to the Iowa Insurance Division, as of July 1, 1998, there are about 50 children in the pool, constituting about 10 percent of the total pool population.

Section 5.1

5. What outreach efforts will be provided by Federally Qualified Health Centers, the Iowa/Nebraska Primary Care Association and the Iowa Department of Public Health's primary care bureau?

Response: FQHC's are members of the Iowa/Nebraska Primary Care Association. As indicated in the response to Question # 2, our outreach contractor, The Zimmerman Company will be contacting the Iowa/Nebraska Primary Care Association to solicit their advice and consultation and determine how they can best participate in outreach. Likewise, the State and The Zimmerman Company anticipate that the primary care Bureau at the Iowa Department of Public Health will play an important role in outreach via the Title V agencies and the Statewide Child Health Specialty Clinics.

6. What efforts are being made to coordinate the Medicaid expansion with existing school and adolescent health programs funded in part by the Title V Maternal and Child Health Services Block Grant?

Response: See response to #2. Additionally, The Zimmerman Company is currently creating a package that includes a brochure, poster, and information sheets which can be reproduced, that describes the Medicaid expansion program and invites enrollment. This package will be accompanied by a cover letter that outlines the expansion program and makes suggestions about how the information can be distributed to potential enrollees. They are sending this immediately to school principals for distribution to school nurses and other officials who regularly come into contact with targeted populations, Head Start programs, Maternal and Child Health Centers, and many other organizations that reach young children and teens.

Section 9.2

7. The State proposes an increase in the immunization rate for children age 2. However, the CHIP plan does not expand coverage in this age band, as current Medicaid eligibility at this age is already 133%. Given that, why does the State expect the CHIP program to improve this measure?

Response: It is anticipated that with the outreach efforts of the State's contractor, The Zimmerman Company, in conjunction with the higher eligibility threshold for the older children, families that had not previously applied for Medicaid will come forward. Additionally, it is anticipated that families that had "given up" on Medicaid because they couldn't get coverage for all of their children will reapply. As a result, it is expected that more children of all ages will be covered and immunized.

Section 9.3

8. How will the State assure access to health care providers?

Response: Enrollees in the Medicaid expansion under Title XXI will have access to the current Medicaid provider network, which is both extensive and comprehensive.

9. State vital records were mentioned this section but not in Section 2. The State should consider expanding the need's information in Section 2 to include baseline data being used in each objective in Section 9. Immunization data sources were not described in this section or in Section 2.

Response: While there is no existing data on health care status of uninsured children, we will monitor quality of care in accordance with the guidelines laid out in the attached plan, "Iowa Medicaid Managed Care Quality Assurance System." The enrollees under the expansion will have the same quality assurance program as all Medicaid enrollees.

When it is clinically and demographically appropriate, they will be included in the quality studies outlined in the system.

Section 9-9

10. The State described the role of the public in the development of the plan, please describe how the public will be involved in an ongoing manner.

Response: As part of the outreach program, the contractor, The Zimmerman Company will conduct market and focus group research to determine the effectiveness of our approaches. Zimmerman will also track and monitor the responses to the campaign. The Council on Human Services is the policy making board for the Medicaid program in Iowa, and they have public meetings and solicit input about the Medicaid program on an annual basis.

Section 9.10

11. The State has provided a budget for State fiscal year 1999, please provide an estimate of how much you expect to claim in Federal FY 98.

Response: From July 1, 1998 to September 30, 1998, we expect to claim \$2,274,288.

12. Is a more detailed break-out of administrative expenditures available at this time?

Response: No

**IOWA TITLE XXI PROPOSAL - QUESTIONS
HCFA CENTRAL OFFICE**

Section 1 - General Description and Purpose of the State Child Health Plan

1. Please provide an assurance that the Title XXI State plan will be conducted in compliance with all civil rights requirements. This assurance is necessary for all programs involving continuing Federal financial assistance.

Response: The Iowa Department of Human Services assures that the state plan will be conducted in compliance with all civil rights requirements.

Section 2 General Background and Description of State Approach to Child Health Coverage.

Section 2.2.2

2. Does the estimate of 15,600 new eligibles include the 3,000 children currently covered by the Caring Program?

Response: Yes.

Section 2.3

3. How will the State monitor whether "crowd out" is occurring?

Response: Studies have shown that crowd out is not a significant issue for families at this income level. This State Plan addresses only an expansion of Medicaid to 133 % of FPL for children between the ages of 6 - 19. Many of these children will be older siblings of children already in Medicaid. The state will monitor third party liability indicators on the eligibility files in order to assess whether there is a significant reduction in the numbers of people with other health insurance coverage that can be attributed to this expansion.

Section 5 - Outreach and Coordination

4. How will Native American children affiliated with tribes in other States, including Nebraska, Minnesota, Wisconsin, Illinois, and Missouri be covered by the new CHIP program?

Response: The state of residence, rather than tribal affiliation will be considered when determining eligibility.

Section 9 - Strategic Objectives and Performance Goals for the Plan Administration

Section 9.2

5. Will all performance goals and measures be time-framed?

Response: Objectives 1,2, and 5 have clear time frames listed. Objective 3, which is to reduce the percent of children admitted as inpatients for asthma, will be measured from claims data, beginning July 1, 1998, and reviewed annually. Objective 4, which is to reduce the instances of emergency room visits for treatment of a medical condition that could be treated in another setting, will be measured from claims data, beginning July 1, 1998, and reviewed annually.

6. What baseline date is being used for each objective?

Response: There is no baseline data to compare data to on uninsured children entering the program. Baselines will be established as soon as possible upon implementation, in accordance with the Iowa Medicaid Managed Care Quality Assurance System (see attached).

Section 93.6

7. Please describe the child appropriate measurement set that the State plans to use.

Response: Some of the measurements sets created by HEDIS 3.0 are applicable to Iowa's Medicaid program, and appropriate to measure care delivered to children. State legislation creating the second phase of Iowa's Title XXI program, Healthy And Well Kids in Iowa (HAWK-II) for families with income from 133% of FPL to 185% of FPL, mandates that the HAWK-II Board create a clinical advisory committee. The Board, in consultation with the committee, is charged to select a single, nationally recognized functional health assessment form for an initial assessment of all eligible children participating in the program, establish a baseline for comparison purposes, and develop appropriate indicators to measure the health status of eligible children participating with the program. It is our intention to coordinate the efforts by both HAWK-II and Medicaid to measure the quality of care.

Section 9.10

8. Please confirm our understanding that the origin of the general fund revenues used to fund the non-Federal share of these plan expenditures are not from a provider tax(es) or donation(s).

Response: Your understanding is correct. The non-federal share of the funds were the result of an appropriation from the general fund.